

NOV 18 2005



GlaxoSmithKline

FAX**To** Attn: Examiner Darwin EREZO Group 3731**Company** USPTO**Fax** 571-273-8300**From** Johnie Jones**Tel** (919) 483-7867; Facsimile: (919) 483-5730**E-mail** Johnie.X.Jones@gsk.com**Date** November 18, 2005 **Pages including cover** 8**Subject** Response to Office Action &

Request for Extension of Time

GlaxoSmithKline
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709Tel: 919 483 2100
www.gsk.comApplication of: RIEBE, et al.
U.S. Serial No.: 10/662,008
Filed: 09/11/2003
Title: Valve for Aerosol Container
Attorney Docket No. PG3411US2

Please find attached:

1. Transmittal Form (1 page) and
2. 1-month Request for Extension of Time (1 page, in duplicate, total of 2 pages)
3. Amendment (4 pages)

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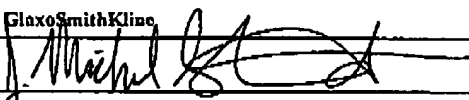
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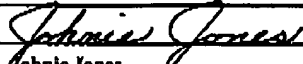
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/662,008	
	Filing Date	September 11, 2003	
	First Named Inventor	Michael Thomas RIEBE	
	Art Unit	3731	
	Examiner Name	Darwin P. EREZO	
Total Number of Pages in This Submission		Attorney Docket Number	PG3411US2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	GlaxoSmithKline		
Signature			
Printed name	Michael Strickland		
Date	November 18, 2005	Reg. No.	47,115

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Signature			
Typed or printed name	Johnie Jones	Date	November 18, 2005

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